

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 29

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUN 13 1963

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Holden</b>		c. CITY OR TOWN <b>Holden</b>	
Length of stay in 1b <b>12 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Holden Retirement Home</b>		d. STREET ADDRESS (If outside, give location) <b>501 W. McKissock</b>	
3. NAME OF DECEASED (Type or print) <b>Emma Sophia Ingram</b>		4. DATE OF DEATH Month <b>May</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-14-74</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and state or country) <b>Peekskill, N. Y.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>Charles Schrieber</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Wiemann</b>	
14. NAME OF HUSBAND OR WIFE <b>John Ingram (deceased)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Mrs. Evelyn Riley, Holden, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured Aneurysm abd. aorta</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis, generalized</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b> <b>3 yrs.</b> <b>?</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>8:30</b> a.m. p.m. Month, Day, Year <b>May 26, 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Holden, Mo.</b>	
21. I attended the deceased from <b>Mar 12, 63</b> to <b>May 26, 63</b> last saw her alive on <b>May 26, 63</b> Death occurred at <b>8:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>G. M. Ziegler M.D.</b>	
22b. ADDRESS <b>804 So Market, Holden Mo</b>		22c. DATE SIGNED <b>5-27-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5-28-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>		23d. LOCATION (City, town, or county) <b>Holden, Mo.</b>	
24. FUNERAL DIRECTOR <b>E B CAST HOLDEN MO</b>		25. DATE RECD. BY LOCAL REG. <b>5-28-63</b>	
26. REGISTRAR'S SIGNATURE <b>Bernice Rose</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4059

P. O. Address

Holmen, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.